

Will revalidation help to protect patients and guide doctors?

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With delays to the implementation of revalidation, **Peter Bodley-Scott** asks what are the key issues and concerns being expressed by the healthcare sector and how they should be addressed

By the GMC's own admission, the new system of annual appraisals, relicensing and recertification for doctors is the biggest reform of medical regulation in 150 years¹. The primary objective of the new system is intended to reinforce public confidence in the health profession.

Licences will be issued every five years based partly on the annual assessment of doctors. The objective is to identify poor performers and provide them with remediation in order to improve both performance and the protection of patients.

Revalidation is also intended to provide guidance to doctors to achieve and maintain fitness to practice within the workplace. It is not intended as a witch hunt, although it is anticipated within the health profession that there will be an increase in the striking off from the medical register of consistent poor performers.

In order to be successful, regulation cannot operate in isolation. Its success will be dependent on effective partnerships throughout the medical profession as well as the inclusion of contributions from organisations external to the NHS and the general public as a whole.

A key driver behind the implementation of revalidation has been a number of high profile cases including that of Dr Harold Shipman. However, critics within the profession question whether an annual appraisal process would actually identify another serial killer in the Shipman mould.

Critics also feel that revalidation will increase bureaucracy, decrease time spent with patients and result in the adoption of 'defensive medicine', which would do little to protect patients as doctors seek to avoid liability for malpractice.

There is concern that the infrastructure to manage the revalidation process is far from ready for implementation; concerns have been raised specifically around the roles and training of local assessors (responsible officers). Further tension has been noted over the standardisation of annual appraisals across the NHS as there is risk of significant deviation depending on who is



actually conducting the assessing and to what level they have been trained.

Patient groups have voiced concern as to whether an organisation with regulatory powers such as the GMC, which is paid for by doctors, is best positioned to represent the interests of the patient.

Health professionals within the industry have also expressed reservations with regards to speaking out against colleagues where they have reason for concern as they fear repercussions for being perceived as a 'whistle blower' by other colleagues in the workplace.

Few would disagree that all doctors should be encouraged to adopt the highest possible standards in order to achieve and maintain the best possible patient care. For revalidation

to achieve its objectives of protecting patients and guiding doctors, it must gain 'buy in' from all stakeholder groups - a significant achievement in itself.

Those tasked with delivering the various component parts at a local level must be provided with the quality training, direction, operational processes and the right IT systems required to achieve standardisation of performance measurement across the health sector.

Delays in the provision of clear direction for all parties will do little to instil confidence across the medical community. Only when clarity is provided and transparent, yet fair, procedures and processes are implemented, will confidence in the initiative be realised.

The end result will be reassurance for patients that their doctor is fit to practice.

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